National Institutes of Health
Warren Grant Magnuson Clinical Center

Strategic and Annual Operating Plan
2002

Message from the Clinical Center Director

The environment in which the Clinical Center (CC) operates today has evolved into one that has increased emphasis on maximizing performance, enhancing customer satisfaction, and producing results. Within this context has come significant change in the way the Clinical Center operates and the challenge of continuous improvement is our commitment.

The ability to sustain high performance as the largest hospital in the world dedicated entirely to clinical research and to effect, rather than merely respond to change, depends on how well we plan. The goals established in the CC Strategic and Operating Plan represent the highest priority concerns facing the CC and provide the framework for guiding our work. Strategic planning is an ongoing process. We will continually reassess our goals and strategies and update our plan to ensure that our focus remains relevant, timely, and responsive to the priorities facing the Institutes and consequently, the Clinical Center.

Many of our key stakeholders (i.e., patients, Institutes, Board of Governors and employees) provided valuable feedback regarding critical issues and proposals for next steps. In response to the initiatives of the new Administration and the Office of Management and Budget, the linkage of our objectives to budget and performance measures (as defined in the Government Performance and Results Act) is more explicit in this year's plan.

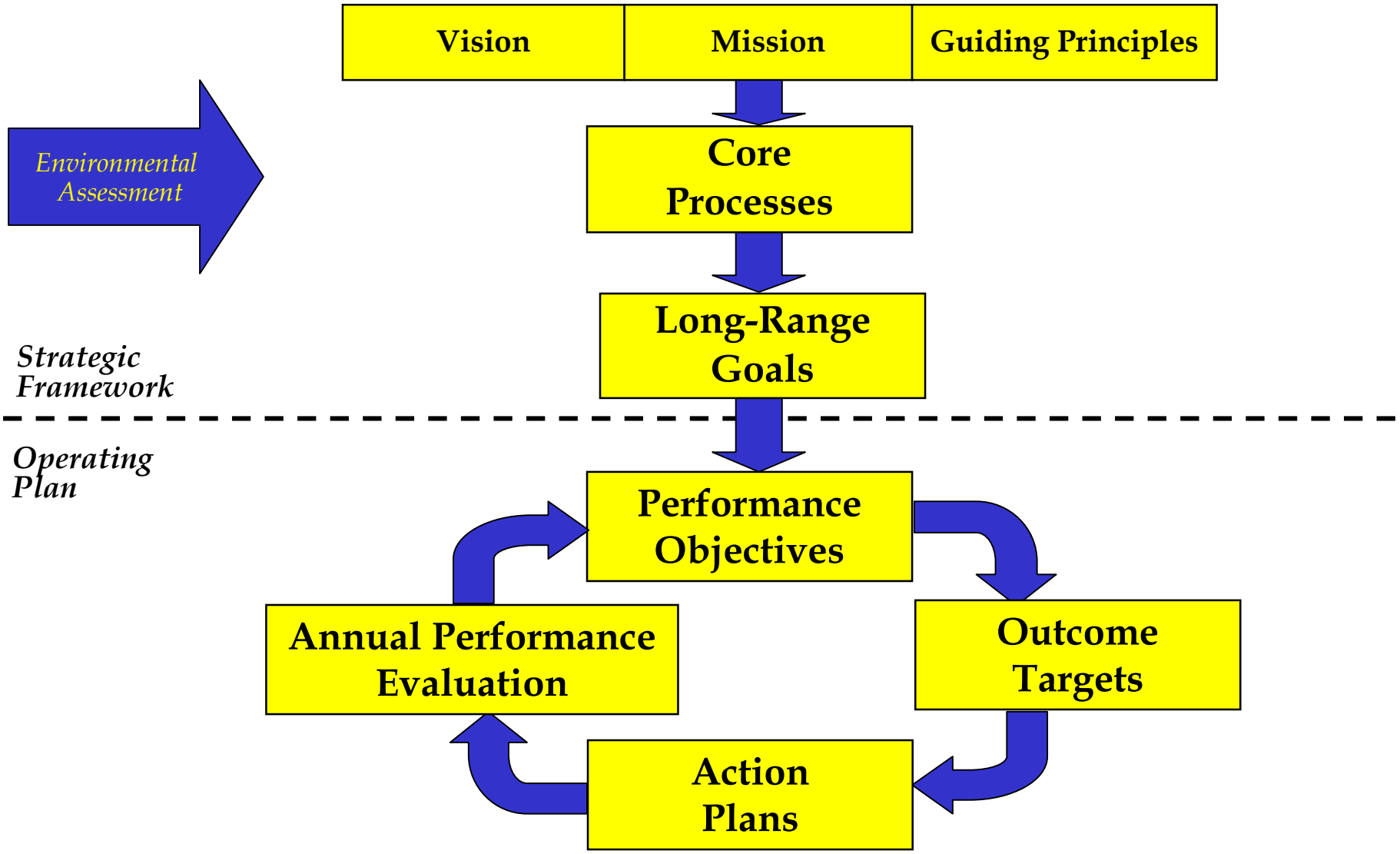
The Clinical Center Strategic and Operating Plan for 2002 provides a reference to all individual departments for alignment of activities. This year each department will be asked to present its operating plan and identify factors that illustrate how the department contributes to the Clinical Center achieving its goals. Increasing accountability for performance at every level within the Clinical Center is our goal.

I look forward to all employees participating in the implementation efforts of this plan and expect the upcoming year to be a productive one for charting our future directions.

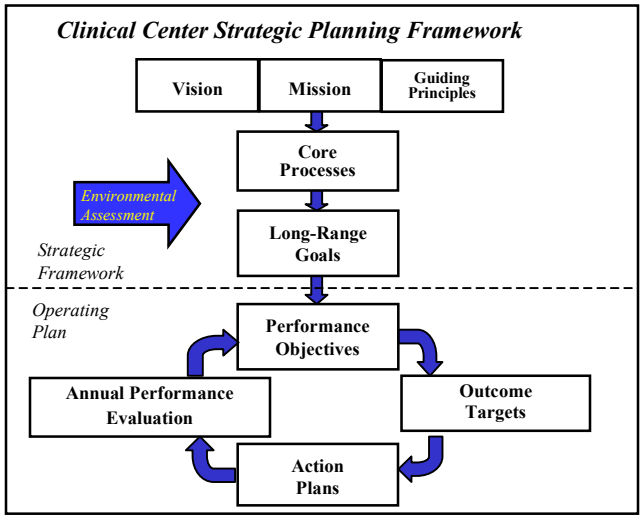
John I. Gallin, M.D.

Strategic Framework

Clinical Center Strategic Planning Template



Clinical Center Customers/Stakeholders



Customers/ Stakeholders

Customers/Stakeholders are internal or external groups of individuals who can directly affect us or who are affected by us.

Analyzing customer/stakeholder expectations will allow us to answer the questions:

- *To whom are we accountable?*
- *Do we understand the requirements for our different customers?*
- *Who has an interest in what we do or in a particular issue and its outcome?*
- *Who can influence us?*
- *Are there any "non-obvious" customers/stakeholders who can limit our options or change our plans?*

Clinical Center Customers/Stakeholders:

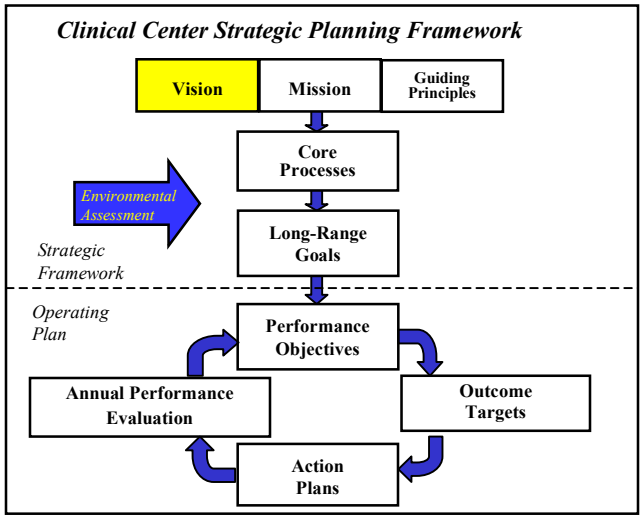
Primary Customers

- *Institutes*
- *Patients*

Other Key Customers/Stakeholders

- *Employees*
- *Referring Physicians*
- *NIH Administration*
- *Extramural Investigators and Collaborators*
- *DHHS*
- *Congress*
- *the Public*

Clinical Center Vision Statement

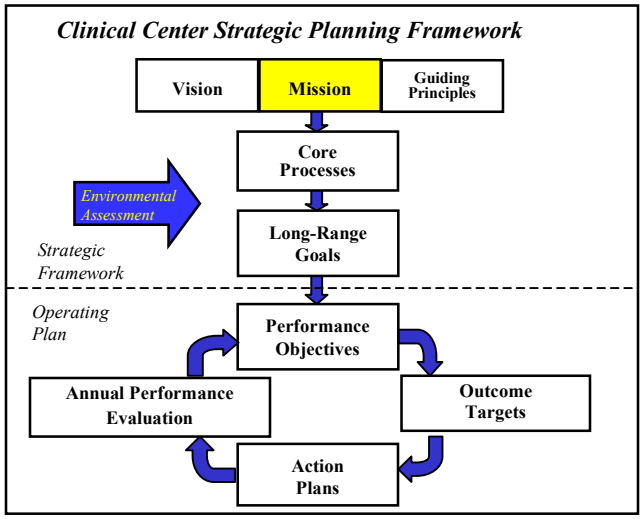


A Vision Statement:

- *answers the question: "What do we strive to be?"*
- *is influenced by our understanding of the environment in which we operate, the needs of our customers/stakeholders, and the values we want to uphold.*

The NIH Clinical Center will serve as a premier center for clinical research. A model of collaborative excellence, the NIH Clinical Center will lead in the design, conduct, training, and impact of clinical research.

Clinical Center Mission Statement

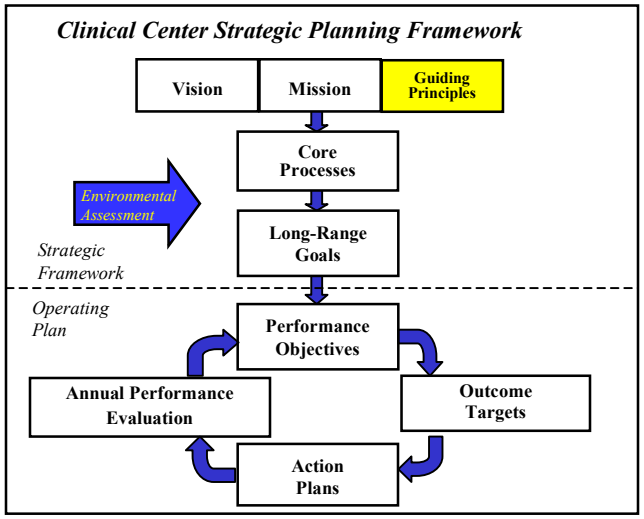


A Mission Statement:

- *answers the question: "What is our fundamental purpose?"*
- *is a way of expressing what programs and services we wish to provide, taking into account our resource capabilities.*

The NIH Clinical Center is the clinical research facility of the National Institutes of Health. It provides patient care, services, training and the environment in which NIH clinician-scientists creatively and ethically translate emerging knowledge into better understanding, detection, treatment and prevention of human diseases for the health of a diverse nation.

Clinical Center Guiding Principles



Guiding Principles:

- *answers the question: "What values will we uphold as we strive toward our vision?"*

- **Integrity-**

  We have a social responsibility to improve the health of future generations. Guided by fundamental ethical principles and in compliance with related laws and regulations, we work with integrity in the pursuit of scientific knowledge.

- **Security-**

  We are committed to doing everything possible to ensure the security of the Clinical Center. We work proactively with our patients, employees, and NIH security officials to define needs and maintain a secure environment.

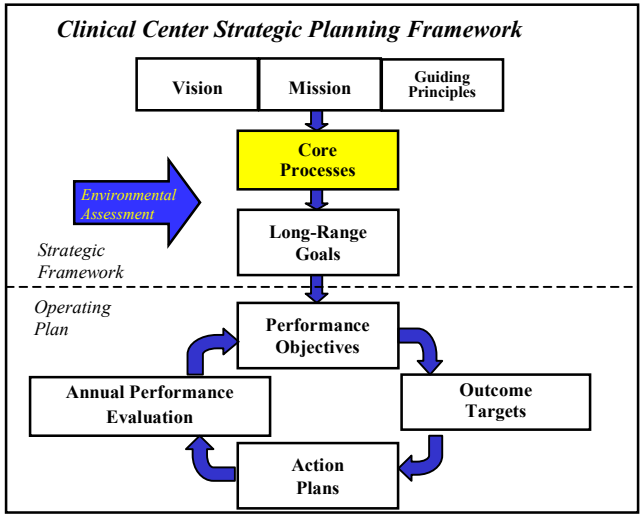
- **Respect-**

  Our patients and our workforce are our greatest resources. We are committed to a patient-centered research environment and workforce culture built on respect for diversity, trust, communication, and institutional teamwork.

- **Quality-**

  We accomplish our objectives by using our resources to continually ensure the highest value for our customers/ stakeholders. The strategic planning process directs available resources to achieve the strategic goals in the most cost efficient and effective manner. We collaborate within the CC, across Institutes, and with our patients, to deliver the highest quality results.

Clinical Center Core Processes



Core Processes:

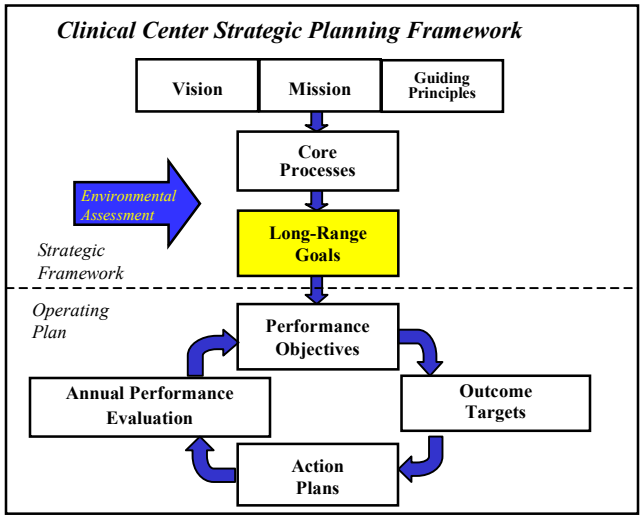
- *are the key elements designed to meet our mission and vision. They are linked activities that produce our primary products and services for Clinical Center customers.*

Clinical Research Support:
Provision of staff, services, and products that support clinical research.

Patient Care:
Provision of the best available patient care to participants in clinical research studies.

Operational Management:
Provision of resources such as personnel, budget and capital equipment in the most cost effective and efficient manner.

Clinical Center Long-Range Goals



Long-Range Goals:

- *define the strategic direction of the organization by bridging the vision, mission and core processes with action plans and defined end-outcomes.*

- *Sustain and improve the safest, highest quality environment for conducting clinical research.*
- *Enhance organizational performance in response to customer needs with the highest degree of cost effectiveness and efficiency.*
- *Create state-of-the-art information management practices.*

Customer Input

Developing the CC Operating Plan - Institute Input

Institute Planning Process

Each winter the CC Director completes a series of planning meetings with individual Institutes. Attendees include: Clinical Directors, Scientific Directors, and Clinical Center senior administrative and clinical staff. Also invited are Institute Directors, Institute Branch Chiefs, and Clinical Center Department Heads. Following these meetings, the Clinical Center generates a thematic summary of areas of growth in the intramural clinical research program. Institute leaders verify plans and review resource projections.

The overall purpose of the planning process is to:

- *obtain Institute plans for use of Clinical Center resources in the upcoming fiscal year and beyond;*
- *learn about the Institute clinical research plans to determine CC resource needs;*
- *review and develop new objectives for the Clinical Center strategic plan in alignment with Institute needs; and,*
- *elicit feedback from Institutes on the availability and quality of Clinical Center services.*

CC Research Steering Committee

The Clinical Center Research Steering Committee (CCRSC) consists of representation from the largest user Institutes in terms of clinical activity as permanent members and rotating members from the remaining Institutes. The CCRSC meets monthly with the CC Director to provide "user" feedback and advice relating to management policy, resource issues, and strategic planning for clinical research at the Clinical Center.

Medical Executive Committee

The Medical Executive Committee advises the Director, CC on clinical aspects of operations and develops policies governing standards of medical care in the CC. The Medical Executive Committee meets twice monthly. The group consists of clinical directors from each Institute and other senior clinical and administrative representatives.

Developing the CC Operating Plan - Institute Input

"What Are Institutes Telling Us?"

Themes from Clinical Center/Institute Planning Meetings:

Institutes report a need for Clinical Center support in the following areas over the next two fiscal years (see following pages for additional details):

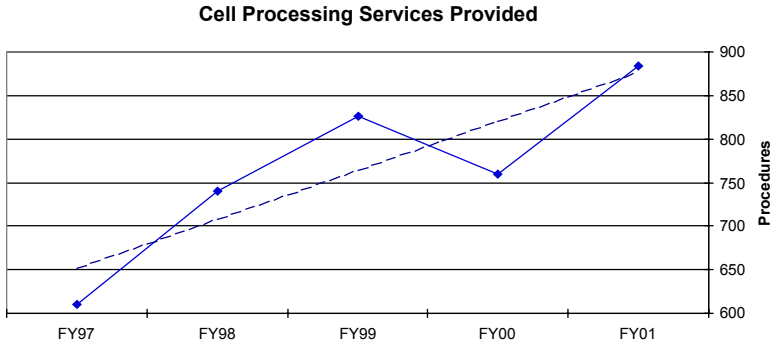
- *Cellular Therapies*
- *Imaging Sciences*
- *Clinical Research Support*
- *Support for Off-Site Clinical Research*

Other Areas Requiring CC Support (Identified in Two or More Planning Meetings):

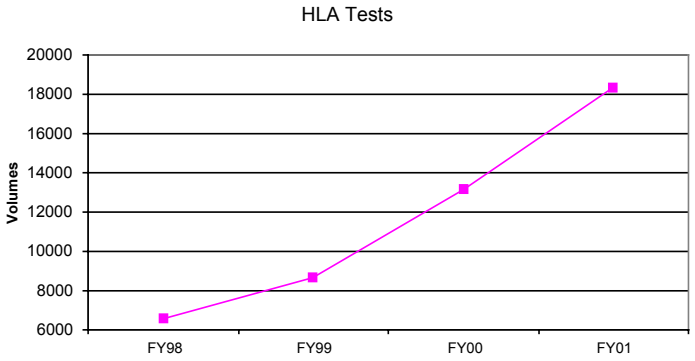
- *Orthopedics*
- *Pediatrics*
- *Outpatient Surgery Facilities and Services*
- *Genomics and Proteomics*
- *Improved Consultative Services (e.g., gastroenterology and gynecological oncology)*

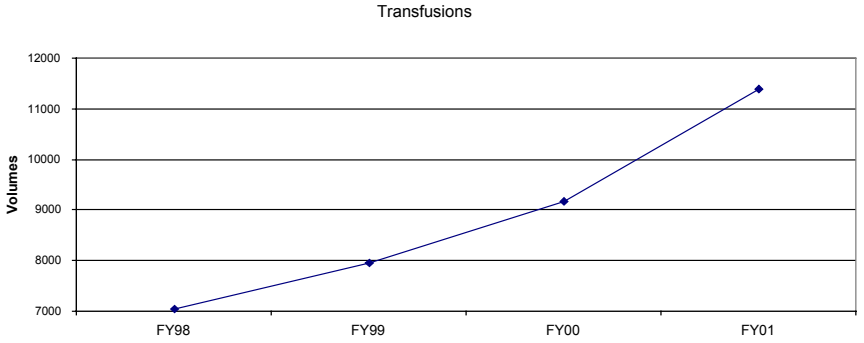
Cellular Therapies

For the past several years demand on the Department of Transfusion Medicine for progressively more sophisticated cellular therapies has increased steadily. Based on this year's planning meetings, the Clinical Center (CC) anticipates that this demand will continue to escalate, as several institutes (NCI, NHLBI, NIAID, NIAMS, NIDDK, NHGRI) noted new initiatives and/or increased activity in this resource-intensive area. As a result of these virtually continuous increases, the Department's ability to meet customer demand is decreasing substantially (particularly within the confines of the traditional [i.e., 7AM to 6PM] work day). Major constraints include inadequate Good Manufacturing Process (GMP) space, inadequate research development space, inadequate technical support (both in terms of numbers of staff as well as competence of available staff for these highly sophisticated procedures), and limited supply budget resources for the increasingly expensive reagents and supplies needed to support this work. If demand continues to increase at the same (or a very likely accelerated) pace, additional resources will be needed in the DTM. Unlike the Imaging Sciences Program (where a second and/or third shift will likely substantially reduce existing backlogs), because of the necessity for the DTM products to arrive during traditional laboratory working hours, second or third shifts would likely be of limited value. In addition, use of a third shift would likely necessitate pheresis of patients in the middle of the night – a circumstance unlikely to be viewed favorably by either patients or investigators.



Demand for cell processing support for both stem cell transplantation (including studies attempting to treat aplasia, premalignant states, malignancies, and congenital defects) as well as tumor vaccine studies have also placed substantially increasing demands on Transfusion Medicine Department services. Each of these protocols is remarkably labor- and resource-intense. The remaining workload in the other sections of DTM remains either stable or increasing, with dramatic increases in workload in the HLA/Immunogenetics Section and stable or slight increases in demand for services from the other DTM sections.

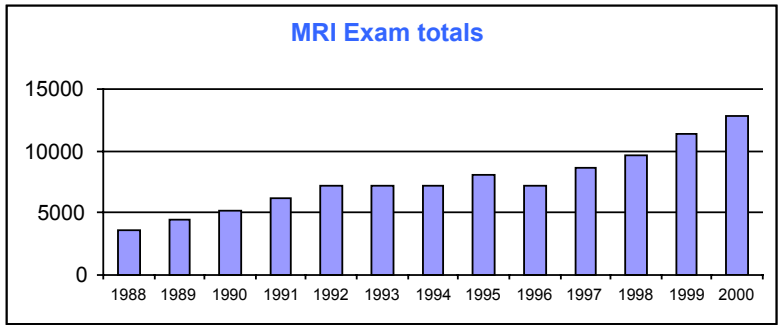


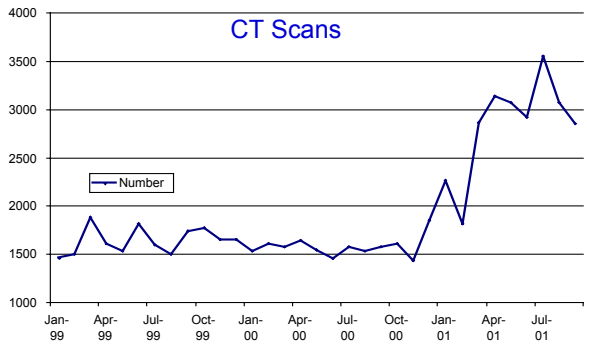


This stable and/or increasing workload effectively precludes shifting resources in DTM to meet the increasing demand for cellular therapy and immunogenetics support. To even approach current and planned customer requirements, new resources will be required.

Imaging Sciences

For several years now, demand on the Imaging Sciences Program has been increasing steadily. In particular, demand for both magnetic resonance (MRI) and computed tomography (CT) studies have increased.





Information gleaned from the planning meetings this year underscored this sustained increase, with several institutes lamenting the MRI and CT backlogs and several (e.g., NCI, NHLBI, NIAMS, NICHD, NIDCD, NIDCR, NIMH, NIEHS, and NCCAM) noting an increased demand and reliance on MRI and CT studies for the coming year. To address the existing backlog, the CC has:

1. Purchased a new 1.5 T MRI machine (the CC's fourth);
2. Purchased an 'upgrade' for the oldest machine to bring it to technical currency;
3. Hired staff and implemented a second (evening) shift to increase MRI capacity;
4. Begun to study throughput in an attempt to decrease time per scan;
5. Begun renovating the Imaging Sciences area to increase program efficiency;
6. Begun asking whether the number (and quality/precision) of repeat studies in ongoing protocols (especially MRI and CT) is necessary.

In addition to increases in MRI and CT, an increased demand for several additional services from the Imaging Sciences Program were identified in this year's planning meetings, among them:

1. A need for quantitative, rather than qualitative clinical image processing to support clinical research;
2. An increasing need for 3.0 T MRI imaging, particularly of the head;
3. MRI imaging capability in the operating room;
4. A new molecular imaging facility that should provide trans-institute support for molecular and gene-based initiatives;
5. Increasing demand for thermal and radiofrequency ablation of tumors (interventional radiology);
6. Markedly increased demand on the PET program and facility, with a clear need to:
   a. Provide state-of-the-art clinical PET services;
   b. Substantially increase the number of ligands available for translational research;
7. Significantly increased demand for musculoskeletal radiology and bone densitometry.
8. A substantial need to increase program efficiency and effectiveness, effectively mandating a renovation of Imaging Sciences Program space.

Clinical Research Support

Institutes articulate an increasing demand for the CC to provide additional clinical research infrastructure support. Occasionally these demands are somewhat parochial to individual institutes and, in other instances, the needs represent more broad-based, crosscutting requests to support all Institutes/Centers (ICs) that have clinical programs. The past fifteen years has seen a steady transition of clinical research support tasks from IC investigators to CC departments. Whereas centralization of many of these services often makes implicit, even intuitive, sense for the unique CC clinical research environment, such tasks fall well outside the typical 'standard care' construct and are often extremely labor-intense and expensive. Decisions to support these 'clinical research support' initiatives must be uniformly supported by the collegium of IC customers. If the CC had institute status, one could argue that such clinical research support services would be a clear part of the mission of the organization. In its 'clinical service' role, however, these services may appear superfluous to some and inequitable to others. Conversely, charging 'fee-for-service' for such services may be inefficient, costly and labor-intense. Among recent requests for clinical research support services are the following:

1. As mentioned above, some of the requests for increased cellular therapy, immunogenetics, and tumor vaccine support as well as the request for quantitative imaging processing services could be characterized as infrastructure support for clinical research rather than direct clinical requirements;
2. A good manufacturing process pharmaceutical facility;
3. Increased clinical epidemiology and biostatistics services;
4. Processes for investigational drug tracking and disposal;
5. Requests for serial sampling and processing of research specimens;
6. Development, design, assessment, and management of functional outcome measures for clinical protocols such as in Radiology and Rehabilitation Medicine;
7. Requests for expansion of internal medicine services (e.g., histories, physicals, gynecological exams);
8. A request to provide a service that would record and transcribe Institutes Review Board minutes;
9. A suggestion that the CC hire scientific personnel and support personnel to staff a 'sleep lab' that could serve multiple ICs.
10. Increased research nurse support, some for off-site protocols.

Whereas these services clearly support the clinical research missions of the ICs and the CC, many of them are quite expensive and resource-intense. Implementation of these kinds of initiatives, while providing a robust, almost unparalleled clinical research environment, also substantially increase the costs of the CC, thereby making the CC appear more expensive than other hospitals (which, in general do not provide such services).

Support for Off-Site Clinical Research

Several institutes (NHLBI, NINDS, NIAMS, NCI, NIMH, NICHD and NIEHS) have developed, or are planning off-site clinical research programs. CC support of these initiatives varies substantially. Certain of these programs represent community outreach activities, whereas others attempt to attract patient populations not available in the CC. Their off-site locations pose special challenges to the CC accreditation status with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and will be resource-intense in some instances.

Developing the CC Operating Plan - Patient Input

Patient Advisory Group

Since 1998, as planning for the new Clinical Research Center began, a group of former and current patients assembled to provide the patient's perspective on design of the new building. Those discussions led to the creation of the Patient Advisory Group. The group meets on a quarterly basis to advise the Clinical Center Director of issues that concern patients and on ideas for improvements in research and patient care delivery.

In 2001, the Patient Advisory Group discussed many issues of concern and made recommendations in the following areas: translation services, pain and palliative care, access to medical records and radiology films, new security measures, radiation safety and clinical bioethics brochures, and Clinical Center staff identification badges. The Patient Advisory Group was a major influence in the identification and implementation of the customer service initiative. Additional issues of concern, probably precipitated by world events, were related to difficulties with travel, parking, access to the NIH campus, and communication with patients.

Patient Perception Survey

The Clinical Center in partnership with the National Research Corporation will administer surveys to outpatients in the Spring of 2002. The outpatient survey will be conducted and analyzed along the following dimensions of care:

- *Access to care*
- *Respect for patients' values, preferences and expressed needs*
- *Coordination of care and integration of services*
- *Communications between patients and providers*
- *Physical care, comfort and alleviation of pain*
- *Emotional support*
- *Involvement of family and friends*
- *Transition and continuity*

An inpatient survey, administered in Spring 1999, addressed many of the same dimensions of care.

Developing the CC Operating Plan – Employee Input

"What Are Staff Telling Us?"

In 2001, the Clinical Center Customer Service Initiative was launched with over 1200 employees participating in customer service training. There were three primary groups of employees who participated in the sessions: clinical front line employees, non-clinical front line employees, and supervisors. There was strong diversity represented across culture, age, professional disciplines and broad participation across departments. An important component of this training elicited feedback from employees. They were asked to identify barriers to the delivery of service excellence from their perspective. This information was summarized by themes to provide the Clinical Center leadership with an initial step into the identification of areas that need focus from a management and/or process redesign standpoint.

Needs that emerged were:

- *Improved Understanding of Work Requirements Across Departments*
- *More Positive Recognition from Supervisors*
- *Increased Access to Resources to Improve Service to an Increasingly Diverse Patient Population*
- *Facility Limitations (e.g., space and slow elevators)*
- *Improved Teamwork*

Developing the CC Operating Plan – Alignment

Alignment with DHHS and NIH Goals

The **Clinical Center** is guided by and supports the goals of the Department of Health and Human Services (DHHS) and the National Institutes of Health. The goals and objectives contained within the Clinical Center's plan were developed taking the following DHHS and NIH goals into consideration:

DHHS Goals:

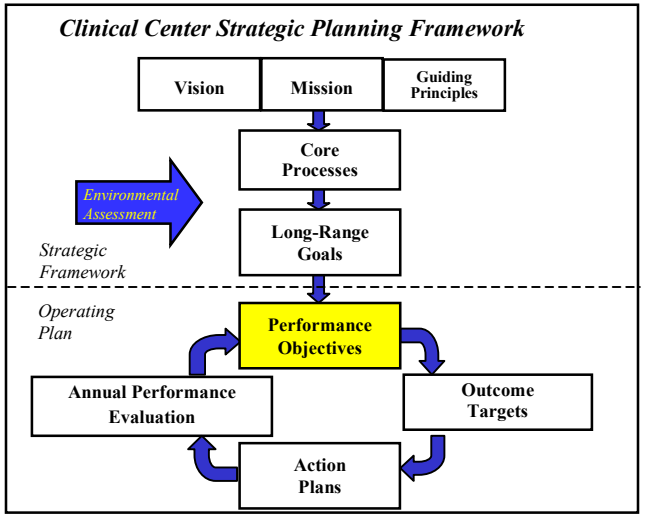
1: Reduce the major threats to the health and productivity of all Americans
2: Improve the economic and social well-being of individuals, families, and communities in the United States
3: Improve access to health services and ensure the integrity of the nation's health entitlement and safety net programs
4: Improve the Quality of Health Care and Human Services
5: Improve the Nation's Public Health Systems
6: Strengthen the nation's health science research enterprise and enhance its productivity

NIH Goals:

1: Increase understanding of normal and abnormal biological functions and behavior
2: Improve prevention, diagnosis, and treatment of diseases and disabilities
3: Promote development of a talent base of well qualified, highly trained and diverse investigators capable of yielding the scientific discoveries of the future
4: Secure facilities for research that are modern, efficient, and safe

2002 Operating Plan

Clinical Center Performance Objectives



Performance Objectives:

- *specify what the Clinical Center's priorities will be over the next two years to support the achievement of the long-range goals.*

- ***Sustain and improve the safest, highest quality environment for conducting clinical research.***
  - *Implement new and expanding clinical research programs.*
  - *Develop an activation plan for the new Clinical Research Center.*
  - *Strengthen processes to support patient safety.*
  - *Update the Clinical Center disaster plan.*

- ***Enhance organizational performance in response to customer needs with the highest degree of cost effectiveness and efficiency.***
  - *Evaluate and redesign key clinical, research and operational processes to improve efficiency.*
  - *Improve measures for evaluation of customer satisfaction.*
  - *Design and implement plans for strategic management of our diverse patient and employee populations.*
  - *Implement new procurement strategies to achieve cost savings.*

- ***Create state-of-the-art information management practices.***
  - *Conduct initial implementation of Clinical Research Information System in partnership with NIH community.*
  - *Improve reliability and accountability of management data to link performance to budget.*

Long Range Goal #1

Sustain and improve the safest, highest quality environment for conducting clinical research.

Performance Objectives	2002 Outcome Targets
Performance Objective 1.1 Implement new and expanding clinical research programs. (Following themes from Institute planning meetings.)	• Expand Clinical Center support for cell processing, imaging sciences, and clinical research infrastructure.
Performance Objective 1.2 Develop an activation plan for the new Clinical Research Center.	• Master plan for activation developed with timelines and milestones. • Governance models developed for each patient care unit in the Clinical Research Center.
Performance Objective 1.3 Strengthen the processes to support patient safety.	• Improvement projects driven by Occurrence Reporting System data.
Performance Objective 1.4 Revise the Clinical Center Disaster Plan	• Develop plan, train employees, and hold organization-wide disaster drill.

Long Range Goal #2

Enhance organizational performance results in response to customer needs with the highest degree of cost effectiveness and efficiency.

Performance Objectives	2002 Outcome Targets
Performance Objective 2.1 *Evaluate and redesign key clinical, research, and operational process to improve efficiency.*	• Complete pilot redesign of admitting process. • Redesign four additional major processes and assess performance improvement.
Performance Objective 2.2 *Improve measures for evaluation of customer satisfaction.*	Patients • Inpatient and outpatient perception of the quality of care and services will be assessed; two opportunities for improvement will be identified and performance improvements initiated. • Two CC departments will implement patient feedback programs. Employees • Survey administered; baseline data developed.
Performance Objective 2.3 *Design and implement plans for strategic management of our diverse patient and employee populations.*	• Develop strategies to attract under-represented patient and employee minority populations. • Initiate workforce planning through assessment of current and future CC employee competency requirements.
Performance Objective 2.4 *Implement new procurement strategies to achieve cost savings.*	• Hold reverse auctions for maximum supply cost savings.

Long Range Goal #3

Create state-of-the-art information management practices.

Performance Objectives

2002 Outcome Targets

Performance Objective 3.1
Initial implementation of Clinical Research Information System (CRIS).

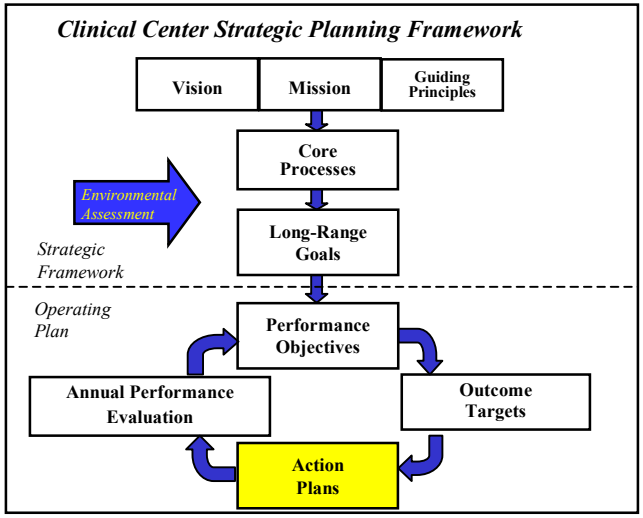
- *Multi-year project implementation plan approved by CRIS Steering Committee.*
- *Milestone target dates within implementation plan are met on time.*

Performance Objective 3.2
Improve reliability & accountability of management data to link performance to budget.

- *Institute and CC leadership will have electronic access to patient census and activity data via an updated executive information system.*
- *Human resources and activity-based costing data will be integrated for timely access to retrospective costs and FTE usage statistics.*

2002 Action Plans

Clinical Center Action Plans



Action Plans:

- *refer to specific actions that respond to the performance objectives. They include details about who will be accountable, the target outcome (s), a timeline for achieving identified milestones, and how outcomes will be measured. The costs are included in the appropriate fiscal year budget.*

Action Plan Template :

Leader:	*Accountable Person (s)*
Outcomes Target(s):	*Communicates what success will look like for the project.*
Milestones:	*The timeline presents key dates and major steps along the path to project completion.*
Measures:	*Identifies process and outcome performance measures. They can be qualitative and/or quantitative and measure critical areas such as: (1) budget performance, (2) patient satisfaction, (3) process or product improvement, and/or (4) employee satisfaction.*

Long-Range Goal # 1: *Sustain and improve the safest, highest quality environment for conducting clinical research.*

2002 Performance Objective 1.1: Implement new and expanding clinical research programs.

Project Title: ***Implementing New Institute Programs***

Leader: *David Henderson, Deputy Director for Clinical Care*

Outcome Target: *Expand CC support for cell processing, imaging sciences, and clinical research infrastructure.*

Milestones:

- *Identify themes.*
- *Develop CC costs.*
- *Present budget to Clinical Center Research Steering Committee and Board of Governors.*
- *Work with Clinical Center Research Steering Committee to prioritize initiatives.*
- *Prioritization of initiatives with CCRSC and Board of Governors.*
- *Develop implementation teams.*
- *Implement projects.*
- *Monitor progress.*

Measures:

- *Project milestones met on time.*
- *Percent of Institutes who rate the service of the Clinical Center as good to excellent (satisfaction documented at annual planning meetings).*

Long-Range Goal # 1: *Sustain and improve the safest, highest quality environment for conducting clinical research.*

2002 Performance Objective 1.2:
Develop An Activation Plan for the New Clinical Research Center.

Project Title: ***CRC Activation Plan***

Leaders: *Maureen Gormley, Chief Operating Officer*
Clare Hastings, Chief of Patient Care Services

Outcome Targets:

- *Master plan for activation developed with timelines and milestones.*
- *Governance models developed for each patient care unit in the Clinical Research Center.*

Milestones:

- *Master activation plan completed and approved.*
- *Teams for development of new Patient Care Unit governance structure identified.*
- *Draft of governance charter developed for each Patient Care Unit.*

Measures:

- *Project milestones met on time.*
- *Master plan for activation developed with timelines and milestones.*
- *Governance models developed for each patient care unit in the Clinical Research Center.*

***Long-Range Goal # 1**: Sustain and improve the safest, highest quality environment for conducting clinical research.*

FY 2002 Performance Objective 1.3: Strengthen the processes to support patient safety.

Project Title: ***Patient Safety***

Leader: *David Henderson, Deputy Director for Clinical Care*

Outcome Targets:

Improvement projects driven by Occurrence Reporting System.

Milestones:

- *Complete Occurrence Reporting System database upgrade.*
- *Develop and implement a Clinical Center Patient Safety Plan.*
- *Begin implementation of patient safety research projects.*

Measures:

- *Project milestones met on time.*
- *Reduction of occurrences in three key patient safety incidents/trends.*

***Long-Range Goal # 1**: Sustain and improve the safest, highest quality environment for conducting clinical research.*

Performance Objective 1.4: Revise the Clinical Center disaster plan.

Project Title: ***Disaster Plan***

Leader: *David Henderson, Deputy Director for Clinical Care*

Outcome Target:

Develop plan, train employees, and complete a successful organization-wide disaster drill.

Milestones:

- *Create internal Disaster Plan.*
- *Design Disaster Plan training programs for patient and non-patient care areas.*
- *Conduct mock triage drill.*
- *Implement Disaster Plan training programs for patient and non-patient care areas.*
- *Conduct organization-wide mock disaster drill.*

Measures:

- *Project milestones met on time.*
- *Organization-wide disaster drill outcomes met.*

***Long-Range Goal #2**:* *Enhance organizational performance in response to customer needs with the highest degree of cost effectiveness and efficiency.*

FY 2002 Performance Objective 2.1: Evaluate and Redesign key clinical, research and operational processes.

Project Title: ***Process Redesign***

Leader: *Clare Hastings, Chief of Patient Care Services*

***Outcome Targets**:*

- *Complete pilot redesign of admitting process.*
- *Redesign four additional major processes and assess performance improvement.*

Milestones:

- *Obtain conceptual approval for scope and structure of project.*
- *Complete pilot test of admitting redesign to demonstrate outputs.*
- *Complete inventory and priority listing of key processes and identify performance indicators.*
- *Complete analysis and proposed redesign of highest priority (4-5) processes .*

Measures:

- *Efficiencies documented through effective redesigns.*

***Long-Range Goal #2**: Enhance organizational performance in response to customer needs with the highest degree of cost effectiveness and efficiency.*

FY 2002 Performance Objective 2.2: Improve measures for evaluation of customer

Project Title: ***Development of Customer Satisfaction Measures***

Leader: *Laura Lee, Special Assistant to the Associate Director for Clinical Care*
Deb Gardner, Chief of Planning and Organizational Development

Outcome Targets:

- *Inpatient and outpatient perception of the quality of care and services will be assessed; two opportunities for improvement will be identified and performance improvements initiated.*
- *Two CC departments will implement patient feedback programs.*
- *Employee survey administered; baseline data developed.*

Milestones:

Patients and Employees

- *Develop customized surveys unique to patients and CC employee groups.*
- *Customize employee survey to correlate with key patient survey dimensions.*
- *Implement patient and employee surveys.*
- *Disseminate survey results across the organization.*

Departmental Patient Feedback Process

- *Develop initial template for approval of project scope.*
- *Pilot process in one department and evaluate.*
- *Implement process in three departments.*

Measures:

Patients and Employees

- *Employee baseline data developed.*
- *Improvements implemented.*

Departmental Patient Feedback Process

- ***Number of patients who use the program.***
- ***Strengths and issues identified.***

***Long-Range Goal #2**: Enhance organizational performance in response to customer needs with the highest degree of cost effectiveness and efficiency.*

Performance Objective 2.3: Design and implement plans for strategic management of our diverse patient and employee populations.

Project Title: ***Minority Outreach and Workforce Planning***

Leaders:

Elaine Ayres, Deputy Chief of Operations
Tom Reed, Director of Human Resources Management
Walter Jones, Deputy Director of Operations

Outcome Targets

- *Develop strategies to attract under-represented patient and employee minority populations.*
- *Initiate workforce planning through assessment of current and future CC employee competency requirements.*

Milestones :

Outreach to Under-represented Minority Populations

- *Develop outreach plan.*
- *Implement recruitment, education and networking activities.*
- *Collaborate with Patient Recruitment and Quality of Worklife /Diversity Council.*

Workforce Planning

- *Integrate workforce planning component into Annual Performance Review.*
- *Develop document to assess employee competencies.*
- *Steering committee will complete a "gap" analysis of Clinical Center workforce needs in concert with A-76 plans.*

Measures:

Outreach to Under-represented Minority Populations

- *Increase research volunteer inquiries from under-represented minorities.*
- *Increase employee recruitment of under-represented minorities into the Clinical Center.*

Workforce Planning

- *Assessment of current and future competency requirements of all Clinical Center employees.*

***Long-Range Goal #2**: Enhance organizational performance in response to customer needs with the highest degree of cost effectiveness and efficiency.*

2002 *Performance Objective 2.4: Implement new procurement strategies to achieve cost savings.*

Project Title: ***Procurement Improvement***

Leader: *Syd Jones, Director of Office of Procurement and Contracting*

Outcome Target: *Hold reverse auctions for maximum supply cost savings.*

Milestones:

- *Perform analysis to identify opportunities to consolidate CC purchases.*
- *Meet with CC department heads to discuss alternative acquisition methodologies for targeted areas.*
- *Conduct market searches to identify new sources for CC product/service needs.*
- *Conduct consolidated acquisitions including reverse auctions.*

***Measures**:*

- *Decrease supply costs by 5% across the Clinical Center*

***Long-Range Goal #3**: Create state-of-the art information management practices.*

2002 Performance Objective 3.1: Conduct initial implementation of Clinical Research Information System (CRIS).

Project Title: ***CRIS***

Leader: *Steve Rosenfeld, Chief of Department of Clinical Research Informatics*

Target Outcomes:

- *Multi-year project implementation plan approved by CRIS Steering Committee.*
- *Milestone target dates within implementation plan are met on time.*

Milestones:

- *Systems integrator and core MIS replacement system.*
- *Development and testing completed for clinical results retrieval.*
- *Contracts awarded for Nutrition and Surgical Services systems.*

Measures:

- *Systems integrator performing within 5% of budget.*

***Long-Range Goal #3**: Create state-of-the art information management practices.*

FY 2002 Performance Objective 3.2: Improve reliability and accountability of management data to link performance to budget.

Project Title: ***Improving Access to Resource Data for Performance Improvement***

Leader: *Michele Lagana, CFO*

Target Outcomes:

- *Institute and CC leadership will have electronic access to patient census and activity data via an updated executive information system.*
- *Human resources and activity-based costing data will be integrated for timely access to retrospective costs and FTE usage statistics.*

Milestones:

Executive Information Systems

- *Executive Information Systems software program developed and successfully tested.*
- *Training component completed with all user Institutes and department heads.*

Integration of Human Resource and Activity Based Costing

- *Assessment of data warehouse finance & human resource data for integration with activity based costing data.*
- *Develop standardized templates and reports for access to finance and HR data.*
- *Develop CC financial and HR import files for the Activity Based Costing system.*
- *Document & implement process for updating activity based cost system with finance human resource data.*

Measures:

Executive Information Systems

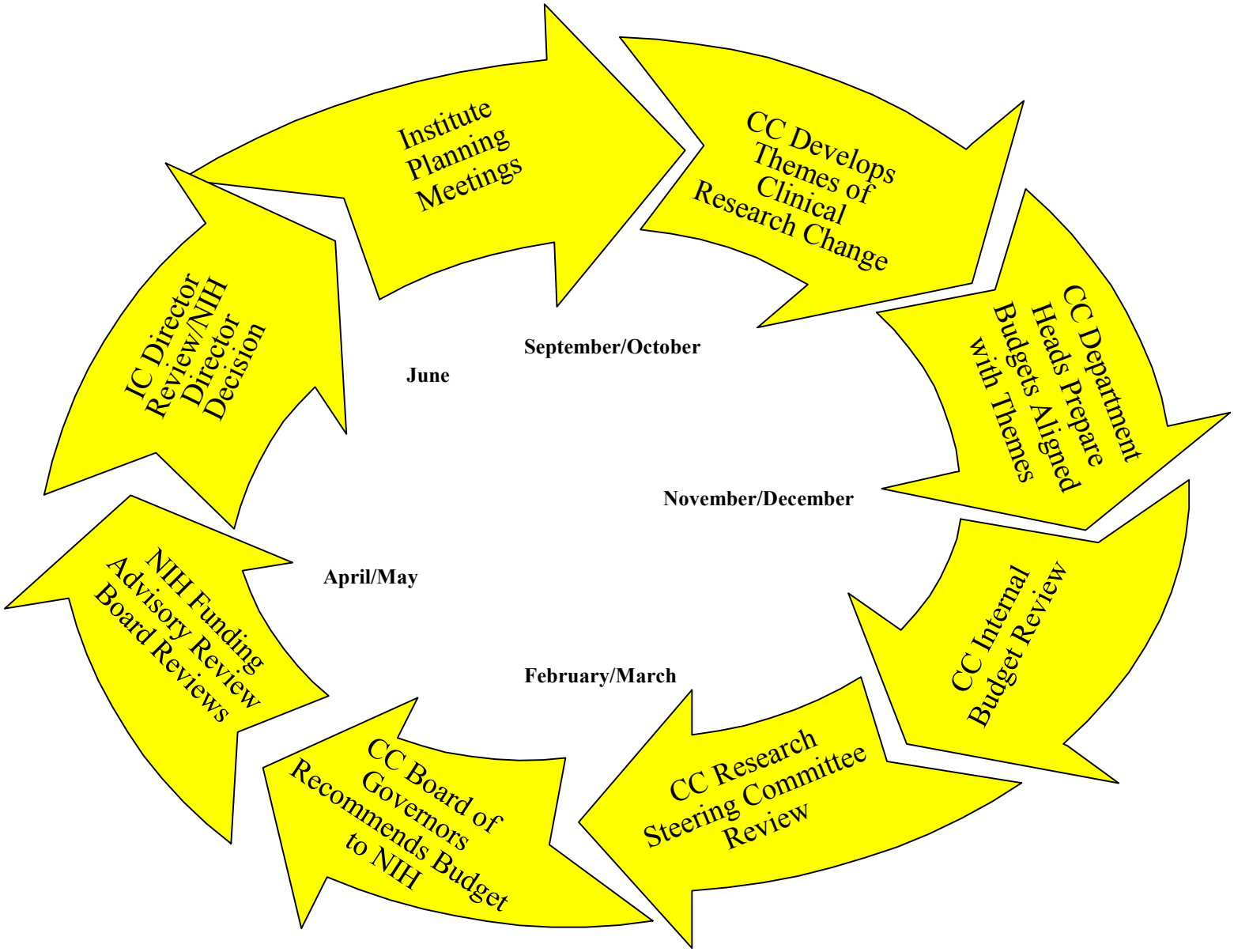
- *Institutes and CC department heads have access 24 hours a day on patient activity information (updated weekly) via intranet service.*

Integration of Human Resource and Activity Based Costing

- *Decreased wait-time for accessing activity-based data and human resource data.*

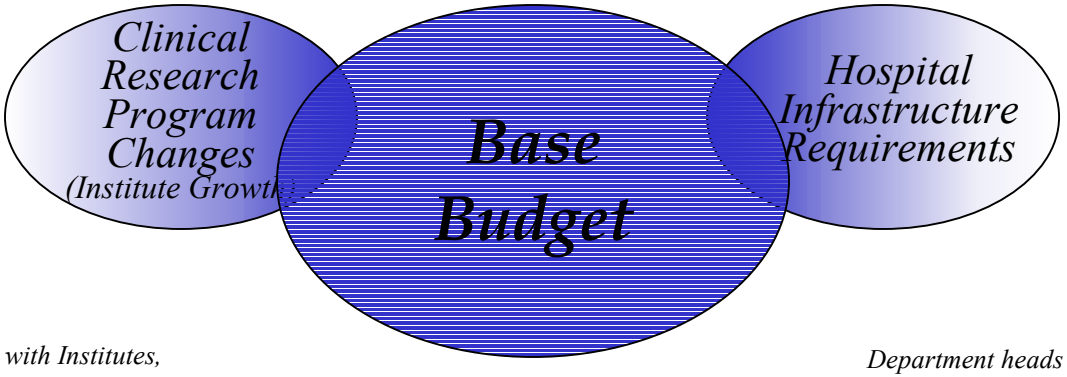
Budget Linkage

CC Planning and Budget Development Cycle



Resource Deployment

Key Drivers to Development of CC Budget



During annual meetings with Institutes, areas of emphasis for clinical research within the intramural program are identified. The Clinical Center synthesizes the input and develops a thematic summary of areas of change and growth due to new or expanding programs. This information is provided to CC department heads who translate Institute research directions into resource requirements and related departmental budget needs.

Each year as the Clinical Center budget is developed, department heads consider ongoing costs in each of several categories of needs known in the federal sector as 'object classes'. For example, these categories include salaries and benefits, equipment, travel, supplies, training, and contracts. Although many of these ongoing costs (e.g. salaries and benefits, cost-of-living increases) are non-discretionary, the Clinical Center and its oversight groups evaluate each department's submission at the 'line item' level. This practice allows for evaluation of costs to identify improved efficiencies and facilitate realignment of priorities to meet new clinical research needs.

Department heads request modifications to their respective budgets that are related to maintaining departmental operations or responding to internal or CC-based initiatives. A typical request may be for replacement of a piece of equipment or purchase of a new software application. Often department heads identify internal efficiencies and are able to fund these routine operational improvements within a flat or reduced department budget. This internal planning allows the CC to shift resources to support aspects of clinical research program changes without increasing the overall budget.

Source of Financial Support for Performance Objectives

Performance Objectives	Existing Resources *(within base budget)*	New Resources Required
Long Range Goal 1: Sustain and improve the safest, highest quality environment for conducting clinical research.		
1.1 Implement new and expanding clinical research programs.	X	X
1.2 Develop an activation plan for the new Clinical Research Center.	X	
1.3 Strengthen processes to support patient safety .		X
1.4 Revise the Clinical Center disaster plan .	X	
Long Range Goal 2: Enhance organizational performance results in response to customers needs with the highest degree of cost effectiveness and efficiency.		
2.1 Evaluate and redesign key clinical, research and operational processes.	X	X
2.2 Improve measures for evaluation of customer satisfaction.	X	X
2.3 Design and implement plans for strategic management of our diverse patient and employee populations.	X	
2.4 Implement new procurement strategies to achieve cost savings.	X	
Long Range Goal 3: Create state-of-the-art information management practices.		
3.1 Conduct initial implementation of Clinical Research Information System in partnership with the NIH community.	*CC provides staff support*	*Funded by NIH Enterprise Systems Budget*
3.2 Improve reliability and accountability of management data to link performance to budget.		X